

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90117 020 \*\*\*150.00

**60026881**



<b>DOCUMENT # P02000053159</b> 1. Entity Name <b>BUSINESS ASSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>PO BOX 380090</b> <b>MURDOCK, FL 33938-0090</b>			Mailing Address <b>PO BOX 380090</b> <b>MURDOCK, FL 33938-0090</b>		
2. Principal Place of Business <b>1720 EL JOBEAN RD.</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 202</b>			
City & State <b>PORT CHARLOTTE, FL</b>		City & State <b>PORT CHARLOTTE, FL</b>		4. FEI Number <b>37-1429179</b>	
Zip <b>33948</b>		Country <b>CHARLOTTE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NOLAN, JOHN D</b> <b>2788 ROYAL PALM DRIVE</b> <b>NORTH PORT, FL 34288</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LAMARCA, MICHAEL A</b> <b>2368 CHILCOTE TERRACE</b> <b>PORT CHARLOTTE, FL 33981</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>LAMARCIA, MICHELLE L</b> <b>2358 CHILCOTE TERRACE</b> <b>PORT CHARLOTTE, FL 33981</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NOLAN, JOHN D</b> <b>2788 ROYAL PALM DRIVE</b> <b>NORTH PORT, FL 34288</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NOLAN, MARY A</b> <b>2788 ROYAL PALM DRIVE</b> <b>NORTH PORT, FL 34288</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.					
<b>SIGNATURE:</b> <u>John D. Nolan JOHN D. NOLAN 3/3/06 941-613-0033</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					